



REQUIREMENTS AND REQUEST FOR SCHOOL DISTRICT AND CHARTER SCHOOL ACCESS TO IDAHO STATE DEPARTMENT OF EDUCATION DATA SYSTEM APPLICATIONS

The Statewide Longitudinal Data System (SLDS) is now functional. A security evaluation was performed as part of the development of the SLDS and as a result, a new security system was developed and implemented. In compliance with the Family Educational Rights and Privacy Act, the system shields unauthorized users from accessing data that is made available by various Idaho State Department of Education (SDE) software applications.

To ensure proper security measures for access to SDE applications, the SDE requires that each School District Superintendent and Charter School Administrator complete, sign and submit to the SDE, a Certification of Identity and Acknowledgment of Status as User Authorization Authority. Access to SDE applications by users authorized by the school district or charter school is contingent upon the submission of this required form. The completed and signed form should be faxed to the SDE's IT Support Desk at 208.332.6878. The original version of the completed and signed form must be mailed within fourteen calendar days of the fax to:

Idaho State Department of Education

650 West State Street, Suite 343

Boise, ID 83720.

Each School District Superintendent and Charter School Administrator is responsible for granting access for the district's or charter school's users to SDE applications, ensuring that each user has a legitimate "educational interest" in the student and the student's data to which access is being granted, and for ensuring that any re-disclosures of information by such users comply with all applicable state and federal statutes and regulations.

By completing the sections below, District Superintendents and Charter School Administrators acknowledge their understanding of the conditions regarding data access and establish authorized delegates for the District/Charter management of data access through SDE applications for user access permissions.

Penalties, including but not limited to, data system access denial, may be imposed for the failure to act in a manner that is in accordance with the conditions above. Sharing of user account information (i.e. usernames and passwords) by an authorized individual to others is prohibited.

School District Superintendent's or Charter School Administrator's Certification of Identity and Acknowledgment of Status as User Authorization Authority

I, _____, holding the position of

Superintendent - Charter School Administrator (circle one) hereby certify that I have received, read, and agreed to the conditions in the Requirements and Request for School District and Charter School Access to Idaho State Department Of Education Data System Applications document, and the information submitted below is true and correct.

Superintendent or Charter School Administrator Information:

Printed Name: _____

District Name and Number: _____

School District Business Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Date: _____

All District Superintendents or Charter School Administrators must complete this form to gain access to SDE data systems. Please fax to 208.332.6878 and mail the original to SDE (Idaho State Department of Education 650 West State Street, Suite 343 Boise, ID 83720).

DESIGNATION OF REPRESENTATIVE

A District Superintendent or Charter School Administrator may delegate authorization and management of its users of SDE data system applications to a Designated Representative, who must be an employee of the school district or charter school. The Superintendent or Charter School Administrator making a delegation, however, shall be responsible for the acts, or failure to act, of the designated representative. In cases of such delegation, the respective School District Superintendent or Charter School Administrator and the respective Designated Representative must complete, sign and submit to the SDE by fax and U.S. mail the SDE's School District Superintendent's or Charter School Administrator's Certification of Identity and Acknowledgment Form or the Charter School Administrator's Designation of Representative and Representative's Certification and Acknowledgment Form. The completed and signed form should be faxed to the SDE's Idaho State Department of Education at 208.332.6878. The completed and signed form must be mailed within fourteen calendar days of the fax to:

Idaho State Department of Education

650 West State Street, Suite 343

Boise, ID 83720.

I, _____, holding the position of

Superintendent Charter School Administrator (circle one) _ hereby delegate authority for my school district or charter school the responsibility for the establishment and management of user access to SDE data systems as outlined in the Requirements and Request For School District And Charter School Access to Idaho State Department of Education Data System Applications to _____, who holds the organizational position of _____. I certify that I have distributed and reviewed the Requirements and Request for School District and Charter School Access to Idaho State Department of Education Data System Applications document with my Designated Representative, and instructed the Representative to complete the Representative's Certificate and Acknowledgement Form.

Superintendent / Charter School Administrator Signature:

Date: _____

This form is required if the Superintendent or Charter Administrator desires to designate someone to manage local user access permissions to SDE data systems other than themselves. Please fax to 208.332.6878, and mail original to SDE (Idaho State Department of Education 650 West State Street, Suite 343 Boise, ID 83720).

REPRESENTATIVE'S CERTIFICATE AND ACKNOWLEDGEMENT FORM

I, _____, holding the position of

_____ hereby certify and acknowledge that the District

Superintendent or Charter School Administrator of _____ (District or Charter School name)

has authorized me to act as their agent for the purpose of establishing and maintaining Idaho State Department of Education data application user access authorization permissions as described within the Requirements and Request For School District and Charter School Access. I have read the Requirements and Request for School District and Charter School Access to Idaho State Department of Education Data System Applications and agree to the conditions therein.

Printed Name of Designated Representative:

Signature of Designated Representative:

District or Charter School Name/number:

Phone Number/Email Address:

Date: _____

If the Superintendent or Charter Administrator chooses to delegate their SDE user access management responsibilities, the Designated Representative must complete this form. Please fax to 208.332.6878 and mail the original to SDE (Idaho State Department of Education 650 West State Street, Suite 343 Boise, ID 83720).